

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					
CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2					
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50					
TOTAL IND.	/	/			
TOTAL DEP.	12	10			
TOTAL CLAIMS	13	11			

SERIAL NO.	FILING DATE				
APPLICANT(S)	09/147696				
CLAIMS					
51	IND.	DEP.	IND.	DEP.	IND.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					